GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:290
ANSWERED ON:18.12.2015
Population Control
Reddy Shri J.C. Divakar;Singh Shri Parvesh Sahib

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the trend of the population growth registered during the last decade, State/UTwise;

(b) whether the Government has undertaken any measure to contain the growth of population in the country and if so, the details thereof along with the targets achieved thereunder;

(c) whether the Government proposes to implement two-child policy for stabilization of population in the country, if so, the details thereof along with the manner in which the said policy is likely to be implemented and if not, the reasons therefor; and

(d) the other steps being taken/ proposed to be taken by the Government to ensure the balanced population growth in the country?

Answer

ANSWER
THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

(a) to (d): A statement is laid on the Table of the House

STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 290* FOR 18TH DECEMBER, 2015

[a]: As a result of the efforts of the government, the decadal growth rate of the country has declined significantly from 21.54% for the period 1991-2001 to 17.64% during 2001-11. The State/UT wise decadal growth rate is placed at Annexure I.

[b]: The measures being taken for population stabilization and targets achieved is detailed in Annexure II

[c]: No. The government does not have such a proposal at present on two child policy norm since India is a signatory to ICPD declaration of 1994 which advocates target free approach and honouring of reproductive rights of couples to decide freely and responsibly the number and spacing of their children.

[d]: The government is now expanding the basket of choice for contraceptives to cater to the unmet need for contraception prevailing in the country.

Annexure I
State/UT wise Decadal growth rate

SNo. Name of State/UT Percentage decadal growth (2001-2011)
1 Andaman & Nicobar Islands 6.68
2 Andhra Pradesh 11.1
3 Arunachal Pradesh 25.92
4 Assam 16.93
5 Bihar 25.07
6 Chandigarh 17.1
7 Chhattisgarh 22.59
8 Dadra & Nagar Haveli 55.5
9 Daman & Diu 53.54
10 Goa 8.17
11 Gujarat 19.17
12 Haryana 19.9
13 Himachal Pradesh 12.81

14 Jammu & Kashmir 23.71
15 Jharkhand 22.34
16 Karnataka 15.67
17 Kerala 4.86
18 Lakshadweep 6.23
19 Madhya Pradesh 20.3
20 Maharashtra 15.99
21 Manipur 18.65
22 Meghalaya 27.82
23 Mizoram 22.78
24 Nagaland 0.47
25 NCT of Delhi 20.96
26 Orissa 13.97
27 Puducherry 27.72
28 Punjab 13.73
29 Rajasthan 21.44
30 Sikkim 12.36
31 Tamil Nadu 15.6
32 Tripura 14.75
33 Uttar Pradesh 20.09
34 Uttarakhand 19.17
35 West Bengal 13.93
INDIA 17.64

Annexure II
Measures being taken for stabilization of population in the country

On-going Interventions under Family Planning Programme
â€¢ A rational human resource development plan is in place for provision of IUCD, Minilap and NSV to empower the facilities (DH, CHC, PHC, SHC) with at least one provider each for each of the services and Sub Centres with ANMs trained in IUD insertion
â€¢ Ensuring quality care in Family Planning services by establishing Quality Assurance Committees at state and district levels
â€¢ Emphasis on Minilap Tubectomy services because of its logistical simplicity and requirement of only MBBS doctors and not post graduate gynaecologists/ surgeons.
â€¢ Increasing male participation and promotion of 'Non Scalpel Vasectomy".
â€¢ 'National Family Planning Indemnity Scheme' (NFPIS) under which clients are insured in the eventualities of deaths, complications and failures following sterilization and the providers/ accredited institutions are indemnified against litigations in those eventualities.
â€¢ Compensation scheme for sterilization acceptors - under the scheme MoHFW provides compensation for loss of wages to the beneficiary and also to the service provider (& team) for conducting sterilizations. The compensation has been enhanced in 11 high focus states.
â€¢ Fixed day Fixed Place Family Planning Services: Availability of Fixed Day Static Services at all facilities round the year made possible on account of growing number of 24x7 PHCs and better functioning CHCs and other health facilities under NHM (National Health Mission).
â€¢ Accreditation of more private/ NGO facilities to increase the provider base for family planning services under PPP.
â€¢ Improving contraceptives supply management up to peripheral facilities
â€¢ Demand generation activities in the form of display of posters, billboards and other audio and video materials in the various facilities
â€¢ Strong Political Will and Advocacy at the highest level, especially in states with high fertility rates

New interventions
Family Planning Program has witnessed a paradigm shift from a program resulting in population stabilization to a program ensuring better maternal and child health. The GoI's new strategy of RMNCH+A encompasses Reproductive Health, Maternal Health, Newborn Health, Child Health and Adolescent Health.
The GoI is now ensuring a greater thrust on spacing methods (especially PPIUCD and IUCD).
â€¢ Promotion of IUCDs as a short & long term spacing method:
â€¢ Introduction of Cu IUCD-375 (5 years effectivity) under the Family Planning Programme.
â€¢ Emphasis on Postpartum Family Planning (PPFP) services with introduction of PPIUCD and promotion of minilap as the main mode of providing sterilization in the form of post-partum sterilization to capitalize on the increase in institutional delivery under JSY.
â€¢ On-site training of service providers conducted for PPIUCD at delivery points.
â€¢ PPIUCD incentive Scheme- The PPIUCD incentive scheme has been introduced in the whole country by the Govt in January 2014 whereby; The service provider (doctors/ Nurses/ANM) is paid Rs.150 per insertion as compensation for the extra work done in addition to their normal work and the ASHAs are paid Rs.150 per insertion for escorting the clients to the health facility and facilitating the IUCD insertion. Appointment of dedicated RMNCH+A counselors at high case load facilities for counseling eligible couples for adoption of Family Planning methods..
â€¢ Drop back scheme to sterilization acceptors: The states make provision for free drop back to sterilization clients under this scheme.
â€¢ Scheme for Home delivery of contraceptives by ASHAs at doorstep of beneficiaries has been expanded to the entire country w.e.f. 17th Dec, 2012.
â€¢ Scheme for ASHAs to ensure spacing in births:
? Under the scheme, services of ASHAs to be utilised for counselling newly married couples to ensure delay of 2 years in birth after

marriage and couples with 1 child to have spacing of 3 years after the birth of 1st child.
? The scheme is being implemented in 18 states of the country (8 EAG, 8 North East, Gujarat and Haryana). Additionally the spacing component has been approved in West Bengal, Karnataka, AP, Telangana, Maharashtra, Daman Diu and Dardar Nagar Haveli
? ASHAs are being paid the following incentives under the scheme:
o 500/- for ensuring spacing of 2 years after marriage.
o 500/- for ensuring spacing of 3 years after the birth of 1stchild
o 1000/- in case the couple opts for a permanent limiting method up to 2 children only
? The scheme is operational from 16th May 2012.
â€¢ Celebration of World Population Day & fortnight (July 11 − July 24):
? The World Population Day celebration is a step to boost Family Planning efforts all over the country all over the year.
? The event is observed over a month long period, split into an initial fortnight of mobilization/sensitization followed by a fortnight of assured family planning service delivery. It has been made a mandatory activity and budgets approved in advance in PIPs of all States.
o June 27 to July 10: "Dampati Sampark Pakhwada" or "Mobilisation Fortnight"
o July 11 to July 24 "Jansankhya Sthirtha Pakhwada" or "Population Stabilisation Fortnight"

Performance:
Family Planning indicators:

Indicator 2008 2009 2010 2011 2012 2013
Total Fertility Rate 2.6 2.6 2.5 2.4 2.4 2.3
Crude Birth Rate 22.8 22.5 22.1 21.8 21.6 21.4
Crude Death Rate 7.4 7.3 7.2 7.1 7.0 7.0

Total Fertility Rate (TFR)
â€¢ TFR has declined from 2.6 in 2008 to 2.3 in 2013
â€¢ 24 States/UTs i.e. Goa, Manipur, Tamil Nadu, Tripura, Kerala, Andhra Pradesh, Telangana, Himachal Pradesh, West Bengal, Punjab, Delhi, Maharashtra, Karnataka, Mizoram, Nagaland, Jammu & Kashmir, Sikkim, Uttarakhand, Odisha and 5 UTs i.e. Andaman &Nicobar Islands, Puducherry, Chandigarh, Daman & Diu and Lakshadweep have already achieved replacement level fertility (i.e. 2.1 or less).
â€¢ 2 States having TFR more than 3 Uttar Pradesh 3.1 and Bihar 3.4 and
â€¢ 10 states having TFR between 2.2 and 3.0 viz. Jharkhand 2.7, Chhattisgarh 2.6, Arunachal Pradesh 2.3, Gujarat 2.3, Assam 2.3, Haryana 2.2, MP 2.9, Rajasthan 2.8, Dadra & Nagar Haveli 2.9 and Meghalaya 2.9.

Physical achievement:

2012-13 2013-14 2014-15 2015-16 (Till Nov)
IUCD 54,05,777 51,99,053 52,77,460 30,93,063
Vasectomy 1,20,466 90,396 78,362 38,958
Tubectomy 44,62,299 42,13,172 39,51,972 15,57,420

FOLLOWING STRETAGIES HAVE BEEN ADOPTED BY JANSANKHYA STHIRATA KOSH/NATIONAL POPULATION STABILIZATION FUND AS POPULATION CONTROL MEASURES:

Prerna Strategy:- JSK has launched this strategy for helping to push up the age of marriage of girls and delay in first child and spacing in second child birth in the interest of health of young mothers and infants. The couple who adopt this strategy awarded suitably. This helps to change the mindsets of the community.

Santushti Strategy:- Under this strategy, Jansankhya Sthirata Kosh, invites private sector gynaecologists and vasectomy surgeons to conduct sterilization operations in Public Private Partnership mode. The private hospitals/nursing home who achieved target of 10 or more are suitably awarded as per strategy.

National Helpline:- JSK also running a call centers for providing free advice on reproductive health, family planning, maternal health and child health etc. Toll free no. is 1800116555.